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|---|--|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |  | Docket Number (Optional)<br>19603/3541 (CRF D-2694A) |
| <b>CERTIFICATE OF MAILING</b><br>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on <u>7/26/05</u><br>Signature: <u><i>Laura L. Trost</i></u><br>Name: <u>Laura L. Trost</u> |  |  |
| In re Application of Hyman et al.   |  |  |
| Application Number 10/001,643   |  | Filed October 31, 2001                               |
| For IN VIVO MULTIPHOTON DIAGNOSTIC DETECTION AND IMAGING OF A NEURODEGENERATIVE DISEASE   |  |  |
| Group Art Unit 3737   |  | Examiner E. M. Mercader                              |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

|   |               |
|---|---------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)                 | \$ _____      |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)               | \$ _____      |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020) | \$ <u>510</u> |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)             | \$ _____      |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)            | \$ _____      |

☒ Applicant claims small entity status.

☒ A check to cover the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 14-1138.  
I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

*Michael L. Goldman* *July 26, 2005*  
Signature Date

Michael L. Goldman (585) 263-1304  
Typed or printed name Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

07/28/2005 NNGUYEN1 00000037 10001643

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